

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 2 - 0 0 4

2. STATE:

COLORADO

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

~~August 7, 2001~~

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 435.212; 1902 (e)(2) of The Act;
P.L. 99-272 101-508 (Section 4732)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.2-A, Page 10

7. FEDERAL BUDGET IMPACT: Undetermined cost

a. FFY _____ \$ _____ savings.

b. FFY _____ \$ _____

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 2.2-A, Page 10

10. SUBJECT OF AMENDMENT:

Guaranteed eligibility for services and family planning through 6-month
enrollment in a Medicaid-qualified HMO.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:As per Governor's letter dated
December 12, 1994

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Richard C. Allen

14. TITLE: Director, Office of Medical
Assistance

15. DATE SUBMITTED:

16. RETURN TO:

Colorado Department of Health Care Policy
and Financing
1575 Sherman St.
Denver, CO 80203-1714

ATTN: Karen Snell

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

February 28, 2002

18. DATE APPROVED:

4/26/02

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Mark Gilbert

22. TITLE:

Acting Associate Regional Administrator

23. REMARKS:

POSTMARK: Handcarried February 28, 2002

State/Territory: Colorado

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.212 &
1902(e)(2) of the
Act, P.L. 99-272
(section 9517) P.L.
101-508 (section
4732)

- 3. The State deems as eligible those individuals who became otherwise ineligible for Medicaid while enrolled in an HMO qualified under Title XIII of the Public Health Service Act or while enrolled in an entity described in section 1903(m)(2)(B)(111), (E) or (G) of the Act, or a Competitive Medical Plan (CMP) with a Medicare contract under section 1876 of the Act, but who have been enrolled in the HMO or entity for less than the minimum enrollment period listed below. The HMO or entity must have a risk contract as specified in 42 CFR 434.20(a). Coverage under this section is limited to HMO services and family planning services described in section 1905(a)(4)(C).

☒ The State elects not to guarantee eligibility.

— The State elects to guarantee eligibility. The minimum enrollment period is months.

The State measures the minimum enrollment period from:

— The date beginning the period of enrollment in the HMO or other entity, without any intervening Disenrollment, regardless of Medicaid eligibility.

— The date beginning the period of enrollment in the HMO as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.

— The date beginning the last period of enrollment in the HMO as a Medicaid patient (not including periods when payment is made under this section), without any intervening disenrollment of periods of enrollment as a privately paying patient. (a new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section.)

*Agency that determines eligibility for coverage

TN No. 02-004

Approval Date 04/26/02

Effective Date 01/01/02

Supersedes

TN No. 00-018

HCFA ID: 798E